

REQUEST, AUTHORIZATION, AND REPORT FOR TRAINING/EVALUATION MISSIONS

From: _____

Wing

To: _____ Liaison Region

HQ CAP/DO (CD only)

Date: _____

IN TURN

1. IAW CAPR 50-15 and CAP-USAFI 10-802 request following mission(s): (May check more than one.)

☐ SAR Evaluation

☐ DR Evaluation

☐ CD Evaluation **

☐ SAR Training (And 60-2)

☐ DR Training

☐ CD Training **

☐ NCPSC

☐ Form 5/91 Evaluations

☐ CD Orientation (☐ Customs ☐ DEA)**
(☐ FAA)**

Primary Date: _____

Alternate Date: _____

**CD Contact _____

Phone No. _____

2. Estimated reimbursement cost (see reverse): _____

3. ☐ I certify that _____ Wing has reviewed the previous evaluation and is prepared for the requested USAF evaluation.

☐ I certify that this training mission has been planned and designated to accomplish specific training requirements in the area(s) selected in Item 1.

Wing/CC Signature _____ Date: _____

Wing LO Signature _____ Date: _____

** Region CD Director's Signature _____ Date: _____

4. Region Liaison Office **SAR/DR** Authorization:

☐ Approved:

☐ Disapproved

USAF Assigned Mission Number: _____

Fund Cite: _____

Signature: _____

5. Region Liaison Office **COUNTERDRUG** Coordination: ☐ Concur ☐ Do Not Concur ☐ LR Plans to Observe

Signature _____ Date: _____

6. HQ CAP Authorization for Counterdrug Training/Evaluation: ☐ Approved - Msn No. _____

☐ Disapproved

Signature: _____

Date: _____

7. Report of Actual Resources Used:

TO: _____ Liaison Region

Date: _____

A. Costs: Corp. Acft Flying Cost: \$ _____

Other Acft Flying Cost: \$ _____

Communications: \$ _____

Vehicle Fuel & Oil: \$ _____

B. Flying Hours Used: Corporate Aircraft: _____ Hours

Other Aircraft: _____ Hours

Wing LO Signature: _____

Mission reimbursement estimate (calculated by wing):

_____ C-172 hours x \$ _____ C-172 reimbursement rate = \$ _____

_____ C-182 hours x \$ _____ C-182 reimbursement rate = \$ _____

_____ Other hours x \$ _____ Other reimbursement rate = \$ _____

_____ Other hours x \$ _____ Other reimbursement rate = \$ _____

_____ Other hours x \$ _____ Other reimbursement rate = \$ _____

Estimate for communications \$ _____

Estimate for vehicle gas and oil..... \$ _____

Total estimated mission reimbursement..... \$ _____

Mission Base: _____

Other operating locations: _____

Mission scenario for requested training mission: